

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 218

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Marian Trojanovich
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes. 7. Date of birth Nov. 16, 1929
Month Day Year

8. FATHER Full name Claud, Irvin Trojanovich 14. MOTHER Full maiden name Pauline Green

9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 29 (Years) 16. Color or race white 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Globe Ariz. 18. Birthplace (city or place) Watertown N.Y.
(State or country)

13. Occupation Laborer 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:40 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. S. Harper Physician (Physician or Midwife).

Given name added from _____ Address Globe, Ariz.
Month, day, year

Filed 12/7 1929 H. E. K. [Signature] Registrar
4138-1114-775